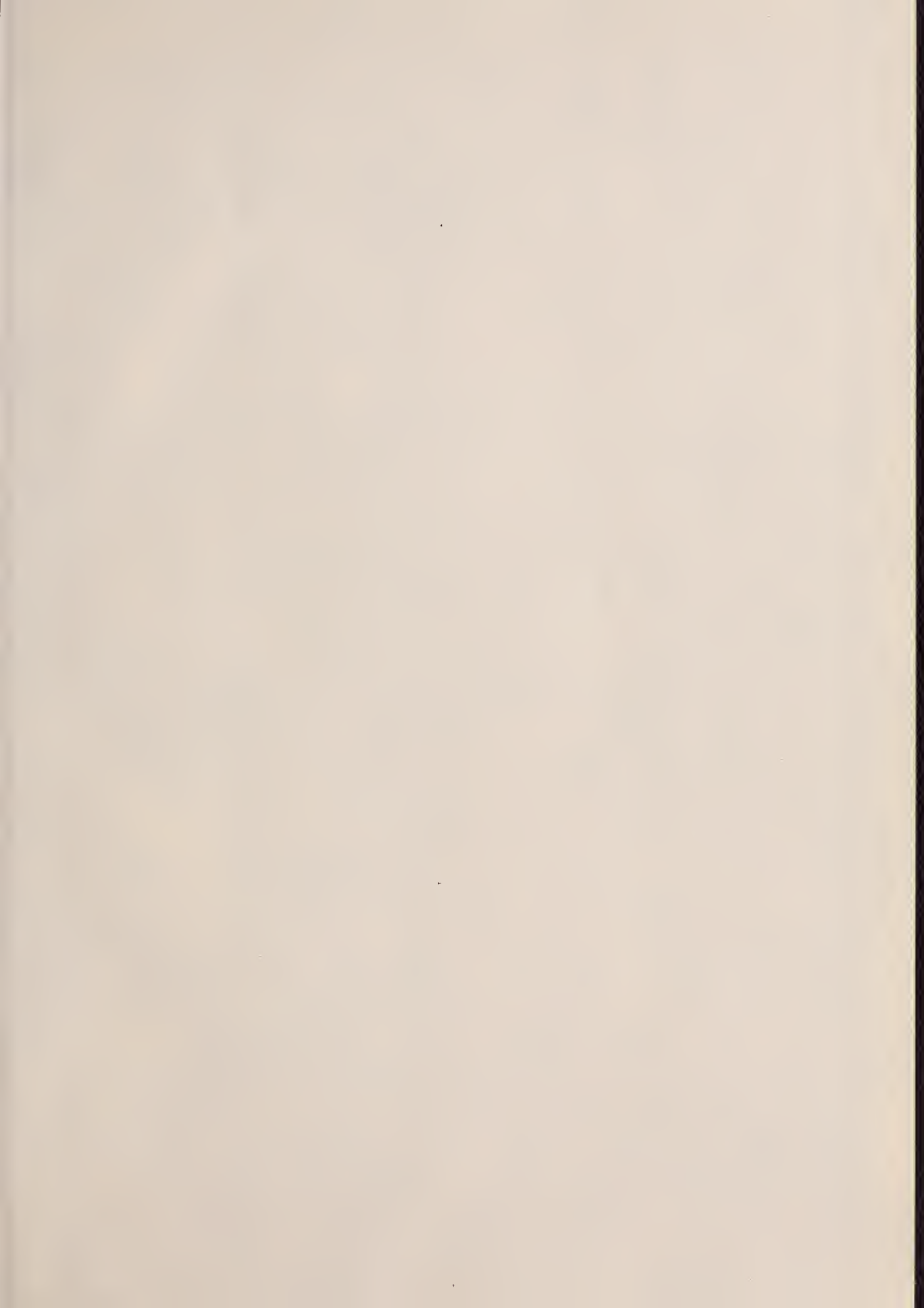






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Harvard Medical Alumni Bulletin

January / February 1978



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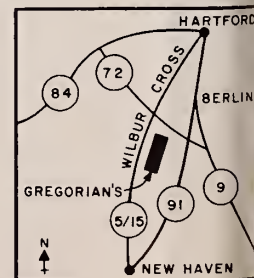
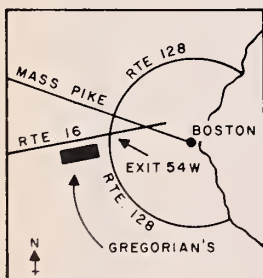
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Cover: A budding horsechestnut. The photograph was taken by one of the contributors to this issue, Dr. Albert R. Frederick, Jr.

Credits: Photographs p. 5, Herman Goslyn; pp. 16, 21, 24, 25, 26 (bottom), 27, 29, 46-47, 48 (left), 49 (left), David Gunner; p. 28, Mark D. Altschule; pp. 48 (right), 49 (right), William W. Montgomery. We wish to thank the Massachusetts Physicians Art Society and its secretary, Dr. Adam Moore, who furnished us with information in the early stages of our talent hunt. Drs. Altschule, Cibley, Ingelfinger, Sturgis, and Vandam are members of the MPAS.

Overview

Academic freedom

"The medical school must define its relationship to the federal government," President Derek C. Bok warned the faculty of medicine. He was speaking at the December 16 faculty meeting about medical schools' recent narrow escape from what many considered a federal invasion of academic freedom. The law at issue, Section 771 (b)(3) of the Public Health Service Act, was passed in 1976 in an effort to insure that US citizens who have begun their medical training abroad can transfer to American medical schools, thus receiving the same quality of clinical training as their fellow American physicians.

"Congress has . . . acted decisively in reaffirming our autonomy in the university admissions process."

Harvard and other universities had opposed the requirement that they admit an unspecified quota of students who had completed two years of medical study abroad and passed Part I of the National Board examination, regardless of their other academic qualifications. "Congress has now responded to those objections, repealing Section 771 (b)(3) and replacing it with a new approach," asserted a joint statement issued by President Bok and the presidents of Yale, Johns Hopkins and Stanford on December 8. "Under the new law, American medical schools are asked to give assurances that they will seek to increase their third year enrollment by five per cent, but the enrollment increase need not come solely from foreign transfer students or from any other particular source. More importantly, the schools are free to apply their own admission criteria in evaluating applicants and in attempting to achieve the increased enrollment. . . . Each of

us is pleased that the Congress has been so sensitive to the principle of academic freedom and has acted so decisively in reaffirming our autonomy in the university admissions process."

At HMS, the new law will mean an increase of eight places in the third year class, to be filled from a pool of 1600 to 1900 applicants, including Ph.D. candidates and graduates of two year American medical colleges, as well as American transfer students from abroad. As part of the compromise worked out between the House's desire for a more stringent law and the Senate's advocacy of complete repeal, the new law requires an enrollment increase for one year only. This is expected to absorb the approximately 570 students now applying for transfer from foreign medical schools, but does not provide for those who may wish to apply in future years.

As a result of another modification, the quota is no longer a hard and fast requirement, with non-compliance bringing forfeiture of both capitation funds and funds from the Health Professions Insured Student Loans Program. Medical schools are now obliged only to make a "good faith effort" and not to erect "artificial barriers" against the transfer students; schools deliberately disregarding the law will lose capitation money but will retain the student loans.

At its December meeting, the faculty of medicine endorsed a recommendation made by the faculty council that HMS proceed to review applicants eligible for transfer under the law, applying the School's customary academic criteria. Alumni relations director Perry Culver '41 and other faculty members expressed confidence that the added places could be filled with students equal to Harvard's standards.

Pending amendment of the law, HMS had applied provisionally for the 1978-79 capitation grant of about \$1200 per student, which will make up approximately two per cent of the School's budget. Fourteen other medical schools had withdrawn from the capitation program in protest over the transfer student quota; they are now expected to reapply.

President Bok warned the faculty that while this latest skirmish with federal regulation has ended well for the medical schools, there may be further bouts ahead. Some members of Congress, he said, see an inequity in the fact that the wealthier schools can afford to forego capitation funds rather than obey regulations they find objectionable, while less well-endowed schools cannot. Next year, Congress may have more strings attached for schools that fail to comply with the law. Mr. Bok added that a recent Congressional conference report on federally funded primary care programs concludes that many of them are not the type of programs Congress had in mind. Medical schools must be alert to the danger of federal regulation of the curriculum itself, President Bok cautioned. "We must define just what the legitimate area of academic independence is."

Paul directs admissions

Some people just can't seem to stay away from HMS. One of these is Daniel C. Tosteson '49. Another is Oglesby Paul '42, who after stints as vice president of the Harvard Medical Alumni Association (1974-77), director of the Associated Harvard Alumni (1966-69), and member of the Visiting Committee to the University Health Services (1967-72), has finally gotten himself a regular office in Building A. He spent part of the summer getting his bearings, before being named Director of Admissions officially in September.

Now Dr. Paul is in the midst of such a whirl of activity that the *Bulletin* has decided to hold off on asking him about his first impressions and future expecta-

tions until after the admissions season is over, but we hear that more than three thousand applications were received and over one thousand applicants interviewed. Final decisions for the class of 1982 are being made as we go to press.

Somehow, Dr. Paul is also finding time to teach medicine at the Peter Bent Brigham, and to keep on with his work as steering committee chairman of the MRFIT program (Multiple Risk Factor Intervention Trial), a nationwide six-year study of 12,000 men having risk factors for coronary heart disease, which is being conducted at twenty locations including the Harvard School of Public Health.

Like Dr. Tosteson, Dr. Paul is a transplanted midwesterner. He spent fourteen years at Northwestern University School of Medicine, where he was professor of medicine, vice president for health sciences, and chief of medicine at Passavant Memorial Hospital.

Countway coups

Shortly before Christmas, the Countway Library of Medicine was enhanced by two important additions: a new Librarian, in the person of Mr. Robin LeSueur; and a unique and historic resource, the archives of the Boston Dispensary.

Mr. LeSueur, who arrived on December 1, left Rockefeller University in New York, where he had been librarian since 1972. A man of innovative talents, he has been head librarian of three college libraries during the past quarter century — renovating, refurbishing and restructuring them all: the College of Engineering and Science at New York University, Stevens Institute of Technology in New Jersey, and the Rockefeller University. Librarian LeSueur enthusiastically described the treasure house over which he will now preside: "Countway Library has become a symbol of a very unique experiment with tremendous potential. As both a medical school library

and a library that serves the practicing physician, it benefits from the interplay between the mature scientist and the evolving physician. The greatness of its collection comes from its housing resources for both the academician and the clinician." Part of his philosophy of librarianship is "to be a good listener," says Mr. LeSueur. "The Library is a service organization for a vast and varied constituency . . . the real success of any library depends on input from its users. I hope to . . . have the opportunity to meet with many different individuals and groups who use the library. I particularly look forward to hearing from the students."

Mr. LeSueur can take pride in the Countway's first major acquisition since his arrival: the archives of Boston's oldest health care institution. The Boston Dispensary archives are the only complete chronicle of the dispensary movement in the United States, and are particularly valuable because the records of the only two earlier dispensaries, in New York and Philadelphia, have been lost or destroyed by fire.

The Dispensary was established in 1796 in response to post-revolutionary hard times when the many indigent sick were sent to the almshouse in Boston harbor to die. Although unemployment plagued the city, the Dispensary's founders did not have to cope with inflation: charitable sponsors could provide health care for two poor persons for five dollars a year, or donate fifty dollars to assure two people of health care for the rest of their lives.

A pioneering institution whose staff included Oliver Wendell Holmes, the Dispensary was the first to organize visiting nurse and home medical care programs and lung, food and venereal disease clinics. It was among the earliest to establish eye clinics, introduce social workers, and upgrade the role of nurses, and it served as a teaching hospital for medical students at Harvard and Tufts. The present-day descendant of the Boston Dispensary, formed in 1965 by a merger with two neighboring hospitals, is the New England Medical Center Hospital.



HMS's eighteenth century benefactor, Ward Nicholas Boylston, looks nonplussed at the work habits of modern deans as Dr. Tosteson rushes off for a stint in his lab.

Dean on the run

Some administrators are spoken of as wearing many hats. Dean Daniel Tosteson, it might be said, wears two coats. In his spare moments — which are sometimes rare and always unpredictable — he leaves the Dean's Office in Building A, dons the white coat of the biomedical researcher, and climbs to his fifth-floor physiology lab in Building C-1. "I think it's helpful," he says, "for deans to keep some awareness of the academic work of the institution, so as not to lose sight of the role as well as the goals of the administration."

With a research team that includes his wife, Magdalena Tieffenberg Tosteson, Ph.D., Norma Adragna, Ph.D., Mitzi Canessa, Ph.D., and Ramon Latorre, Ph.D., he is studying the cellular functions and molecular mechanisms for the transport of ions across biological membranes. Currently, they are focusing on the transport of lithium ions across human red cell membranes, and its relation to abnormal mental states. They are also working with thin lipid membranes, both to elucidate the basic physical chemistry of these systems, and as a step in the reconstruction of biological transport processes.

Biostatistics group analyzes cancer therapies

Harvard has recently become a focal point in the nationwide growth of multi-institutional coordination and statistical analysis of clinical cancer studies. A biostatistics group led by Marvin Zelen, Ph.D., which is involved in planning, data collection and analysis for about a third of all such studies in the nation, joined the biostatistics department at the Harvard School of Public Health last summer.

The team of twelve Ph.D.'s trained in mathematics and theoretical statistics, which formerly constituted the Statistical Laboratory at the State University of New York at Buffalo, has become the biostatistics and epidemiology division of the Sidney Farber Cancer Institute. Dr. Zelen, who is now professor of statistical science at the School of Public Health and a member of the faculty of arts and sciences, explained the laboratory's role: "Participating medical centers transmit information to our laboratory on the outcomes associated with clinical investigations of various cancer therapies. The data are processed and analyzed on our computer to evaluate the effectiveness of different treatment programs and determine the best treatment of different types of cancer."

Approximately seventy studies involving seven thousand new patients per year from two hundred major institutions are currently being registered, with an additional thirty-five studies in the follow-up phase. With a half million dollars' worth of computing equipment, the laboratory can complete in a day what once would have been a month's worth of statistical analyses. Much of the group's work is done in association with the Eastern Cooperative Oncology Group, which coordinates clinical trials conducted at many of the large cancer treatment centers in the U.S.

Since their arrival at Harvard, members of the biostatistics group have also begun to play major roles in investigations at the Sidney Farber Cancer Institute and other Harvard-affiliated institutions.

The multi-institutional pooling of clinical cancer research data does not yet encompass all of the studies being done in the US — but with the financial encouragement of the National Cancer Institute and the technology and expertise of biostatistical laboratories like Dr. Zelen's, the trend is growing.

Nathan named to Stranahan Chair

A newly created chair of pediatrics will be filled by alumnus and faculty member David Nathan '55. Now chief of the division of hematology and oncology at Children's Hospital Medical Center and pediatrician in chief at the Sidney Farber Cancer Institute, Dr. Nathan will add the title of Robert A. Stranahan Professor of Pediatrics at HMS.

Under his direction, Children's and the Farber Institute have developed a joint program for care of children with blood diseases, leukemia, tumors, and bone marrow transplants, and for research in these areas. Dr. Nathan's own investigations have focused on inherited red blood cell disorders such as sickle cell anemia and thalassemia, detection techniques including the prenatal state, and the development of treatment programs; his current interest is in factors regulating erythrocyte production.

The Stranahan Chair, established by a bequest from Anna Stranahan Friend, honors of her brother, a member of the Harvard class of 1908, who was chairman and president of the Champion Spark Plug Company of Ohio.

Abelmann, Cravalho run HST tutorials

Walter Abelmann, M.D. of HMS and Ernest Cravalho, Ph.D. of MIT have been appointed to parallel positions in the Harvard-MIT Division of Health Sciences and Technology. Dr. Abelmann, who is professor of medicine at HMS and chief of cardiology at the Beth Israel Hospital, will be chairman of the Board of Tutors and Advisors for the division. His role will be to oversee and coordinate tutorial and advisory services for all HST students who are candidates for the M.D. degree. Dr. Cravalho, as associate director of the Division for Medical Engineering and Medical Physics, will have similar responsibilities for candidates for the Ph.D. or Sc.D. degree in medical engineering and medical physics. He is Matsushita Professor of Mechanical Engineering in Medicine at MIT.

Dr. Abelmann has been with the HST program since its inception in 1970. A former chairman of its admissions committee, he is now head of the division's course in cardiovascular physiology. His research has helped elucidate the mechanical and chemical bases of cardiac function and dysfunction. Dr. Cravalho is known for his pioneering work in the application of cryogenic engineering to problems in biology and medicine, particularly in establishing the optimum freezing rates and preservation methods for blood cells. He joined the MIT faculty in 1966, becoming a professor in 1975.

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Past docs

Robert M. Goldwyn '56 is writing a paper on the origins of electrosurgery, and seeks biographical information or personal reminiscences about William T. Bovie, Ph.D., who worked at the Biophysics Laboratory under the auspices of the Harvard Cancer Commission from 1914 to 1926. Any information will be appreciatively received by Dr. Goldwyn at (617) 232-7523, 1101 Beacon Street, Brookline, Massachusetts 02146.

We know that the Holmesian (not Oliver Wendell but Sherlock) individual in the middle of this old photograph is G. B. Magrath, the somewhat theatrical coroner of Massachusetts during the Jazz Age. But who are his dapper companions? Anyone in the know should contact David Gunner, Warren Museum, Harvard Medical School, 25 Shattuck Street, Boston, Massachusetts 02115.



Council surveys the state of the Medical School

The fall meeting of the Alumni Council took place on Friday and Saturday, October 14 and 15. All officers and councillors were present with the exception of councillors K. Frank Austen '54 and Thomas F. Williams '50, Alexander H. Bill '39, past-president, William R. Christensen '42, president-elect, and Fiorindo A. Simeone '34, treasurer. Guests on Friday were Robert S. Blacklow '59, associate dean for academic affairs, Mr. James Pates, assistant dean for student affairs, and Oglesby Paul '42, director of admissions; Dean Daniel C. Tosteson '49 attended the Saturday morning session. The following topics were among those considered by the Council at its two sessions.

Accreditation. The Council was informed by Dr. Blacklow of the upcoming accreditation visit by an ad hoc survey team of the Liaison Committee on Medical Education (LCME), the agency authorized to accredit medical schools. Prior to this visit, a required institutional self-study is being conducted by a task force consisting of selected junior and senior faculty, house officers of the

teaching hospitals, alumni and students. The task force is broken down into sixteen subcommittees, which are identifying the strengths and weaknesses of and making recommendations for selected areas of the Medical School. Among these are its objectives, administrative organization, fiscal and physical resources including those of the major teaching hospitals, the faculty, the students, and the curriculum. In addition, the Medical School's involvement in graduate education in the basic sciences, continuing medical education, and residency training programs are being examined critically. All of the basic science and clinical departments also are included under two separately designated subcommittees.

This self-study plus the usual data base required by the LCME will add up to a comprehensive analysis of the Harvard Medical School. The work of the task force will be reviewed by a steering committee made up of the following individuals: Dean Daniel C. Tosteson '49, Harold Amos, M.D., K. Frank Austen '54, Mary Ellen Avery, M.D., Baruj Benacerraf, M.D., Robert S. Blacklow '59,

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Among the alumni involved in the self-study are members of the Council both present — Drs. K. Frank Austen and Thomas B. Quigley — and past — Drs. Dan Federman, Milton Hamolsky, William McDermott, John Nemiah, Oglesby Paul, and Claude Welch. As part of the data base the LCME also wants to know the physician output of the Medical School. Through the computerized alumni records, data on the careers and specialties of three representative cohorts — 1950-52, 1960-62, and 1967-69 — will be compiled.

Vanderbilt Hall. Mr. James Pates, assistant dean for student affairs, reported on the status of student life in Vanderbilt Hall. A questionnaire sent to all residents was returned by half (155). In general, the students responding complained of inadequate maintenance of the building, unsatisfactory dining facilities as provided by an outside vendor, and a general lack of concern about the quality of life; they are resoundingly in favor of a full-time manager, and feel that such a step could stem the declining situation. In addition, the Council suggested that the appointment of a respected medical scholar could regenerate a positive intellectual environment in Vanderbilt. A continuing problem is the damage to the building perpetrated by a handful of destructive and inconsiderate students. The Council agreed that the culprits should be promptly and properly disciplined — even, if necessary, being expelled on recommendation of the dean for students.

Financial Aid. Donning the hat of financial aid officer, Mr. Pates recapitulated the various configurations involved in financing a Harvard medical education. Scholarship money has been reduced from \$750,000 in 1976-77 to \$650,000 in 1977-78, and, conversely, the need for loan money has increased. No student receives any scholarship money without first taking out a loan — for first year students the maximum is \$5,000 per year and for the

Get ready to vote

The election of Alumni Council officers and councillors will be coming your way soon. A brochure with the photographs, curricula vitae, and statements of the candidates — along with a ballot — will be mailed to all alumni/ae within the next few weeks. The deadline for returning ballots, *signed*, is May 22, 1978.

We are previewing the names that you will be hearing more about — for president-elect: Gordon A. Donaldson '35 and Richard P. Stetson '26; for secretary: Melvin P. Osborne '42 and Dorothy B. Vilee '55; for councillor from the 1958-1962 pentad: Roger J. Bulger '60 and Lawrence G. Seidl '61; for the 1973-1977 pentad: Phyllis I. Gardner '76 and Philip R. Pittman '77; for councillor-at-large: Edward H. Ahrens '41 and Ronald A. Malt '55.

other three classes it is \$5,500 per year. Because tuition increased \$1,200 in 1977-78 and individual scholarships averaged \$200 less than in previous years, a total of \$1,400 additional had to be supplied by each student from other sources, including loans. Two-thirds of the class of 1978 will leave HMS owing loans averaging approximately \$17,400; in 1981, the amount will be between \$22,000 and \$25,000 for the 105 students who currently receive financial aid. Half of these students entered medical school with an average debt of \$3,800. Despite a trend of defaulting on repaying educational loans, ninety-eight per cent of the loans to Harvard students are repaid; the outstanding two per cent is being studied by the financial aid office.

Scientific Symposium, Alumni Day.

Reporting on the Scientific Symposium, Dr. Culver stated that the program continues to attract a larger audience each year. Since its inception in 1973, when fifty-six people registered, to this past June, with 232 registrants, the symposium has essentially outgrown the capacity of any single amphitheater. Next year in addition to the general scientific symposium, two or more specialized seminars on major medical topics will be offered in a separate am-

phitheater. As for Alumni Day, since 1975 attendance has been between 750 and 879 alumni and spouses.

Dr. Culver also noted that in his annual greeting to the first year class he expressed the interest of the Harvard Medical Alumni Association in the welfare of the students and invited them to begin their acquaintance with the alumni association by submitting articles to the Bulletin. After a letter went out to 119 parents of first year students with a copy of the 1977 Alumni Day issue, fifty-four parents signed up to receive the Bulletin regularly, and some contributed to the alumni fund as well.

Alumni Fund. The twenty-sixth year of alumni giving has been the best so far according to Dr. Walter. Out of 6,904 alumni, 3,633 or fifty-three per cent contributed to restricted and unrestricted giving. A total of \$769,905 was received, with \$393,486 apportioned for unrestricted giving. Eight hundred alumni responded to solicitations more than once and for one alumnus the Medical School must have been his favorite charity — he gave on eight separate occasions. Analysis of the giving pattern among the various classes revealed that the size of the gift invariably reflected the enthusiasm of the class agent.

Dr. Walter indicated that current tax laws will make it increasingly difficult for children and spouses to inherit the full value of an estate. In conjunction with Harvard College, a deferred giving program has been implemented, in which the donor receives a guaranteed income for life. A recent letter from Dr. Walter to alumni who graduated before 1955 outlines the tax advantages as well as the options available through charitable remainder trusts managed by Harvard.

Internships. The quality of the positions secured by the class of 1977 was lauded by Dr. Prout. As for the class of 1978, by mid-October he had interviewed 160 out of 171 students, most of whom are interested in internal medicine, pediatrics, and primary care. Some of the salient characteristics of this year's group of applicants are that more are seeking residencies directed towards ambulatory care and family practice, and although the number of

applicants to surgery residencies had declined in the last few years from its high water mark of the 1940s, the trend appears to be reversing itself with the class of 1978. The current grading system of pass-fail makes it difficult to evaluate satisfactorily different levels of ability, Dr. Prout reiterated. The trend of recruiting students for residency positions while they are still in their last year or two of medical school is a sore spot for both the students and the programs. Many commit themselves early to specialty training, only to change their minds and switch specialties within a few short years. Dr. Prout commented that close to one-third of the fourth year students are unsure about their future directions.

Admissions. The newly appointed director of admissions, Dr. Oglesby Paul, reported on the admission statistics for 1976-77, which, he said, were the work of his predecessor, Dr. Cheever. The applicant pool appears to be leveling off and perhaps even shrinking slightly. In the class of 1981, thirty-three per cent were women and eighteen per cent

members of minority groups. As in the past, seventy-five per cent of the entering class are science majors. Two records were attained in selecting this class — the highest average MCAT science score ever and the largest number of alumni offspring — thirteen — admitted in recent years.

Dr. Paul is concerned about the screening of applicants and the mounting number of interviews. As was discussed at the spring 1977 Council meeting, plans are afoot to organize regional interviews in certain major cities. Members of the central admission committee would work with teams of local alumni from, to begin with, Los Angeles, San Francisco, and Chicago. The committee currently consists of twelve members, of whom three are students. Dr. Paul hopes to add an individual with no affiliation to medicine as a public member; committee members will rotate on a three year cycle. The preponderance of clinical faculty seems to be because they respond more actively to this responsibility than basic science faculty.

Evaluating medical education. The Committee on Evaluation of Medical Education was established in December 1975 as a subcommittee of the Curriculum Committee, and the report issued by this subcommittee in February 1977 was discussed by the Council, with Dean Tosteson in attendance. Its original charge was "to find a way to monitor the curriculum and the teaching in a systematic, ongoing fashion, and to develop methods of recognizing good teaching." Clinical courses and clerkships were to be scrutinized the most. Among the many points raised by Council members were that tangible rewards should be given for teaching; that clinical teaching requires special abilities, not just research expertise; that the subcommittee itself should perhaps have had more clinician members; that undue emphasis and time seemed to be attached to teachers evaluating students' knowledge rather than evaluating the student-patient relationship; and that neither the goals of teaching nor a core of teaching material for all students has been articulated, thereby making it nearly impossible to

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systematically evaluate teaching. Dr. Rodkey commented that the goal of teaching is to motivate and inspire students, and not necessarily to convey a mountain of knowledge. Interestingly enough, the bulk of the teaching of medical students is done primarily by instructors who are not of "faculty" rank. At the least, a note of appreciation to the teacher at the end of the course would be a valuable beginning in making up for all the disregard that is often shown those who teach.

Dr. Tosteson responded to the critique by the Council and agreed that the evaluation of medical education is as difficult as the art of medical education itself. He believes that the present curriculum is good, offering a plethora of rich experiences, and that to change it would not solve the immediate problem of helping students to learn better. The solution, as Dean Tosteson perceives it, is pursuit of a common goal. He attributes much of the problem to the size of the school, which interferes with effective student-teacher rapport. To obviate this he envisions experimenting with the idea of "societies," on the Oxford model, which would be comprised of approximately fifty students and fifty faculty each. They would not be rigidly organized, but rather would center around harmonious fields of interest and could be named after singular medical and scientific individuals, past and present, on the faculty of medicine. The curriculum committee would be empowered to assure that all students meet the criteria for graduation. The societies could provide "vertical access" throughout the four years, so that students and faculty together could enrich each others' scholarly and social interactions over a period of time. As Dr. Rodkey summed up, both students and faculty would derive knowledge by "doing the work of the world together."

Alumni Survey Committee. After further discussion of the reports on the Introduction to Clinical Medicine by the Alumni Survey Committee and by the core coordinators it was voted to accept both. (They were published in the November/December 1977 Bulletin.)

This stimulated the discussion of the role of the Survey Committee, which has functioned as a visiting committee to the Medical School for some five

years. Dr. Tosteson, who recently delineated his administrative group of four deans, wants to consider the function of the Survey Committee and of the Council, too, in light of the extant visiting committees of the Board of Overseers to the Medical School. Dean Tosteson is quite concerned with the financial outlook for HMS as a private institution, and he suggested that perhaps the Alumni Survey Committee could review the present activity and make recommendations on the future of Harvard's resource development. A capital fund raising campaign should reach not only alumni, but the house officers of the teaching hospitals who, as associate alumni, are part of the Harvard Medical School community. Dr. Cassem suggested the theme of such fund raising be to preserve and nourish HMS for the twenty-first century.

Hire a future colleague

First year students are eagerly seeking summer employment to help with the ever-rising costs of medical school. If you would like some high-class help (and they're willing to travel), please contact the Student Employment Office, c/o Alumni Association, Harvard Medical School, 25 Shattuck Street, Boston, Massachusetts 02115.

A "how to" for health managers

Senior managers in health delivery and health-related organizations can enhance their knowledge and skills at the 1978 Program for Health Systems Management, to be held from June 18 to July 28. Taught by faculty from the Harvard graduate schools of public health, business and medicine, this intensive program includes courses in financial management, marketing management, control, health economics, legal issues, organizational issues, health services, operations management, labor relations, and institutional policy and strategy.

Applications, which are due on March 15, must be sponsored by employers, which are responsible for the fees covering instruction, materials, room and board, and activities. Please address inquiries to the Administrative Director, PHSM/MDPH, Executive Programs in Health Policy and Management, Harvard School of Public Health, 677 Huntington Avenue, Boston, Massachusetts 02115.

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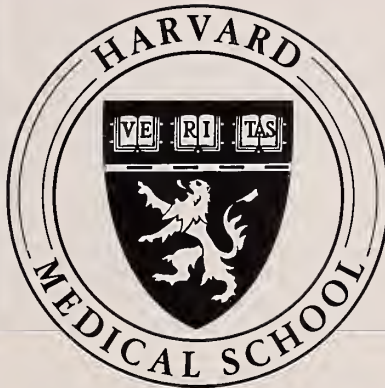
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Artists among us

Why are physicians often artistically inclined? Does art express their understanding of and respect for the beauties and mysteries as well as the lucid realities of nature? We cannot presume to answer conclusively, but in "Artists among us" we present a varied tableau of the artistic interpretations and observations of physicians. Medicine has its own aesthetics; art and medicine alike demand an alertness to the minutest detail and the broadest relationships in an ever-changing constellation of texture, pattern and rhythm, color and form. Art is a perfect respite which does not demand the undivided concern of medicine, yet which prompts the same attachment and leads to an absorption all its own. Understandably, art must be a periodic occupation of physicians. They approach it with great finesse, and renew themselves by creating a greater perfection of balance, order, and proportion than can sometimes be attained in medicine.

We have set our sights high in putting together such an assemblage. Our intent has been to let the pictures speak for themselves, keeping words to a minimum. Once the concept was defined, our anticipation grew as we began to ferret out contributors. Knowing of several artistically endowed individuals right here in the Quadrangle, we suspected that more were hiding behind their canvasses and viewfinders. We decided to focus on faculty art, but so ubiquitous are HMS graduates in all varieties of achievement that when we threw out our nets, we could not help but pull in a goodly proportion of alumni. Despite all efforts, no doubt a few singular talents slipped through those nets.

What were our criteria, you may well wonder. We sought individuals who practice their craft more than occasionally, whose ability is unquestionable, and whose aesthetic expressions we found appealing. Particularly in the discipline of photography — which almost everyone tries — we limited ourselves to photographers whose subjects and renderings reflect a serious and accomplished pursuit of the medium.

There are four exceptions to our rule of faculty artists. When we conceived an art issue, several board members recalled the sculptures by Edward Deming '40, which graced that year's *Aesculapiad*; we followed through on the suggestion to include him. We were surprised to learn that Franz Ingelfinger is not an HMS faculty member, although his influence as editor emeritus of the *New England Journal of Medicine* perhaps puts him in a comparable category. Herman Goslyn is another story altogether. Mr. Goslyn's photographic prowess is almost as well known to the Quadrangle as he himself is to scores of alumni — he dates his association with HMS to 1943. We deemed it fitting to make him "honorary faculty." Finally, the Eskimo prints came to our attention while on exhibit at the Countway Library, and seemed too distinctive to leave out.

In transforming the HMAB into a panoply of visual images, we soon realized that we could not overlook one oftentimes essential aspect: color. Those photographs and watercolors that can be fully appreciated only in their original colors have been so reproduced. To ensure the quality of all of the original work, we also changed the stock that the *Bulletin* is printed on. This is a special issue, but it will, we hope, produce a ripple effect — bringing the artistic talents of our readers to the *Bulletin's* pages on a more regular basis. We're counting on you to show us your etchings, et al.

Deborah W. Miller
Gwen Frankfeldt



BLIND BOY by Nanogak
The loon with speckled cornea carries the blind boy three times to the bottom of the sea, and his sight is miraculously restored.

Eskimo prints

SHAMANS AND SPIRITS

Eskimo Art, Countway Library

From May to October, 1977, an exhibit entitled "Shamans and Spirits: Myths and Medical Symbolism in Eskimo Art" displayed prints of the Eskimos of Cape Dorset, Western Canada; the exhibit was sponsored by Canadian Arctic Producers, Ltd. and the National Museum of Man. In these prints, modern Eskimos symbolize the myths evolved by their culture in the perilous times that now exist for the most part in story and memory. When Eskimos lived dispersed in isolated communities, their strenuous arctic way of life was totally dependent upon animal hunting for food, warmth, clothing, and even for weapons and tools. To exercise some sort of control over the capricious forces of nature, the Eskimos practice ritualized blandishments toward a hierarchy of

spirits — both evil and good — each of which rules an animal species. Certain individuals — the shamans — became the intermediaries, able to transcend the human sphere and confront these guardians of natural and supernatural phenomena. The shaman possesses seer-like powers; he heals the sick and trades his own human form for that of an animal. The art of the Eskimos focuses on the community's dependence upon animals and the benevolence of their governing spirits, and upon the shaman's life-sustaining powers.

FRIENDLY SPIRITS by Tookoome Uqayuittuq
When all is right
in the world of the spirits
welcoming hands reach out
toward one another.



A SHAMAN'S HELPING SPIRITS by Seevoga Oonark

The resting shaman
communes with the creatures
of the animal world,
who help him with his magic tasks.





FLEEING SPIRIT by Pitseolak
The Eskimos' philosophical humor
has helped them accept
life's inexplicable disasters.
A harrassed bird spirit
beats a hasty retreat from his
nagging, recalcitrant companion.



SHAMAN'S TENT by Pudlo
A personification of
the shaman's tent
complete with antlers.

LEROY D. VANDAM

anesthesiologist in chief
Peter Bent Brigham Hospital

Leroy Vandam, who admits that he "almost became an artist instead of a doctor," first started painting as a boy. He won his share of prizes and even a scholarship to the Metropolitan Museum, which his parents did not allow him to accept for fear that he would lose interest in medicine. In his first year of medical school at New York University, he found an artistic outlet in the study of anatomy. He spent the following summer doing anatomical drawings of a cadaver that he borrowed for his class at the Art Students' League in New York. Since then, he has been his own illustrator. Although trained in the graphic arts of etching and lithography, he took up watercolor about twenty-five years ago, primarily because it was a portable medium. The only trouble, relates Dr. Vandam, is

that he paints "sporadically, which doesn't lead to any development. Usually it takes me six or seven paintings before I can get back even a semblance of my facility, but I like the challenge. Rarely does something turn out that you like very much, that is completely good." He has exhibited at the Wellesley Gallery, the Newton Free Library, the Vault at the Boston Safe Deposit and Trust Company, as well as the artists' association gallery on Nantucket, where he paints each year during August. He is on the staff of the Nantucket Hospital, but the artists there do not know that, and to Dr. Vandam's delight, they accept him as an artistic peer.





*"Wherever you are there's beauty.
One of the problems with Nantucket
is that since I go there in early August,
the colors are always the same.
There's a certain sameness of my palette.
I like what happens on the horizon,
what happens in the sky.
On Nantucket there's always a mist,
and the mists are always purple-gray."*



*"I get terribly excited by the light
in nature's colors,
which are always muted.
I've tried to paint freely –
I'm a pure watercolorist.
The virtue of watercolor is the
luminosity of the paper
and the reflected light."*

FRANZ J. INGELFINGER

editor, emeritus
New England Journal of Medicine

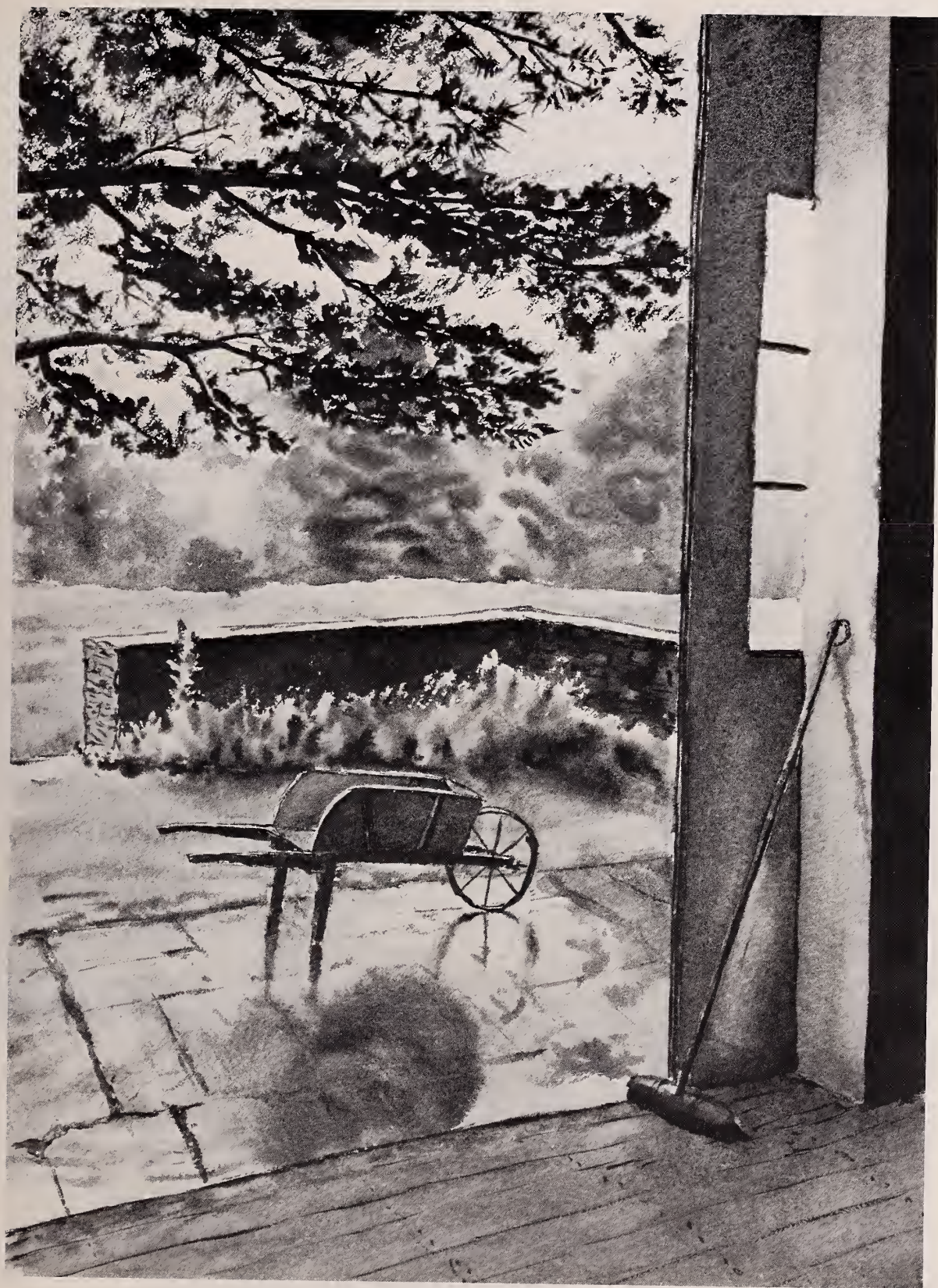
Since his retirement last July, Franz Ingelfinger ('36) has not yet had the time to concentrate on his watercolor painting as much as he would like. But being able to paint only intermittently over the past thirty-five years has not proven detrimental. In fact, says Dr. Ingelfinger, boredom develops if one is too meticulous. "You can't monkey with watercolors. Some of the ones that I did most rapidly — in ten or fifteen minutes — turned out to be among my best." As with many part-time artists, his momentum gets going during vacations. His most recent works were done on the west side of the Tetons in Idaho and in Ireland in 1976. Without any previous inclination or training, he started painting on

his honeymoon in 1941, influenced by his bride who was a furniture designer and had packed some watercolors and paper. Dr. Ingelfinger's talent was publicly discovered only after he innocently hung a couple of his paintings in one of the Journal's conference rooms. He would like to perfect a more impressionistic style that hints at what he sees. "Some of the most superb watercolors are done by the Japanese, especially the ones of snow scenes. They're really intellectual and imaginative exercises, done with just a few lines." His own work, he assures us, expresses an abiding appreciation of scenery, nothing more.



*"You get into a certain style
and the next picture comes out
the same way,
even though you decided
to do it differently.
My skill is in bringing out the colors
and lighting in nature,
rather than in drawing."*





EDWARD G. DEMING

plastic surgeon
Hartford, Connecticut

Edward Deming ('40) nonchalantly describes himself as having two careers. "I sometimes tell people that my main profession is sculpture and I do extra work on the side in plastic surgery." Working in an extremely small format — usually less than six inches — Dr. Deming produces figurines and medallions; his portrait busts range from about three inches to larger than life size. "The technique is not much different, except for the logistics of armature and weight. Smaller pieces can be done on the heroic scale, such as the military Pietà." Smaller sculptures also allow him to do his own bronze casting in his basement foundry. He needs thirty-five pounds of molten bronze at 2200° F to cast a full-size head, and that is just about as much as he can handle. Because of his classical aesthetics, Dr. Deming prefers to render a proper sense of symmetry and mass, but his style is hardly sedate. Often he creates "frivolous" pieces which, while not exactly humorous, are executed with greater speed and freedom.

Art lessons at age ten kindled his ambition to undertake further study. He surrounded his premedical requirements with painting and sculpture courses at the Yale School of Fine Arts, but he turned down a fellowship there, and instead entered medical school. Since 1965 Dr. Deming has been on the faculty of the Hartford Art League. He notes, "It is easier to teach the proportions of the body using the simpler masses of the female figure rather than coping with the more complicated musculature of the male." Dr. Deming is a sculpture member of the Connecticut Academy of Fine Arts. His work has been exhibited and is in private collections in Connecticut, New York, California, Mexico, Canada and elsewhere.



Pietà — 1944 (1947). Height, including base, 13 1/4".

*"The academic approach is basic.
You should demonstrate well that you know
what you're doing
and can produce an object in its totality
exactly as it is.
I am essentially a detailist.
I use fine details purposely to stress
a particular part.
In portraiture this is done with the
eyes and the mouth."*



*Joie de vivre (1966). Height 19";
in the permanent collection of the New Britain
Museum of American Art.*



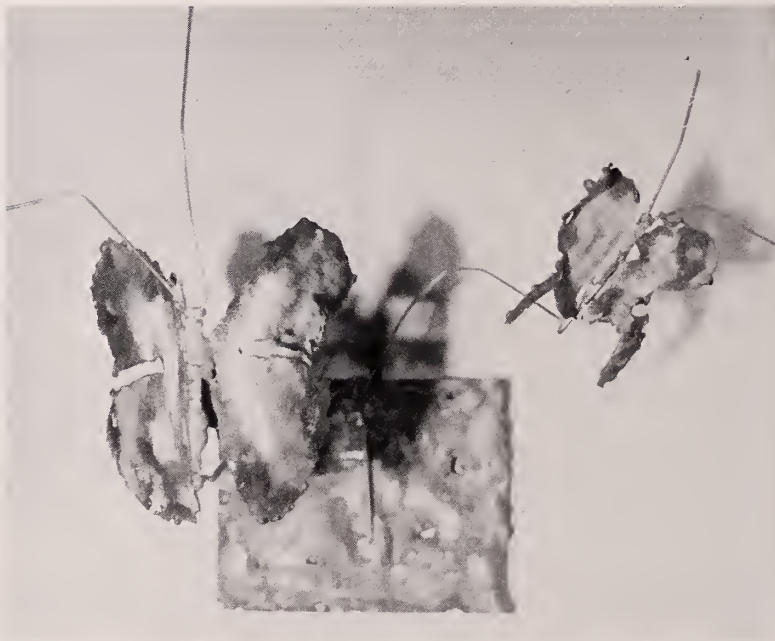
*Analeptics (1940). 3" x 5" in plastiline. This was one of nine pieces created to
introduce the various sections of the 1940 Aesculapiad.*

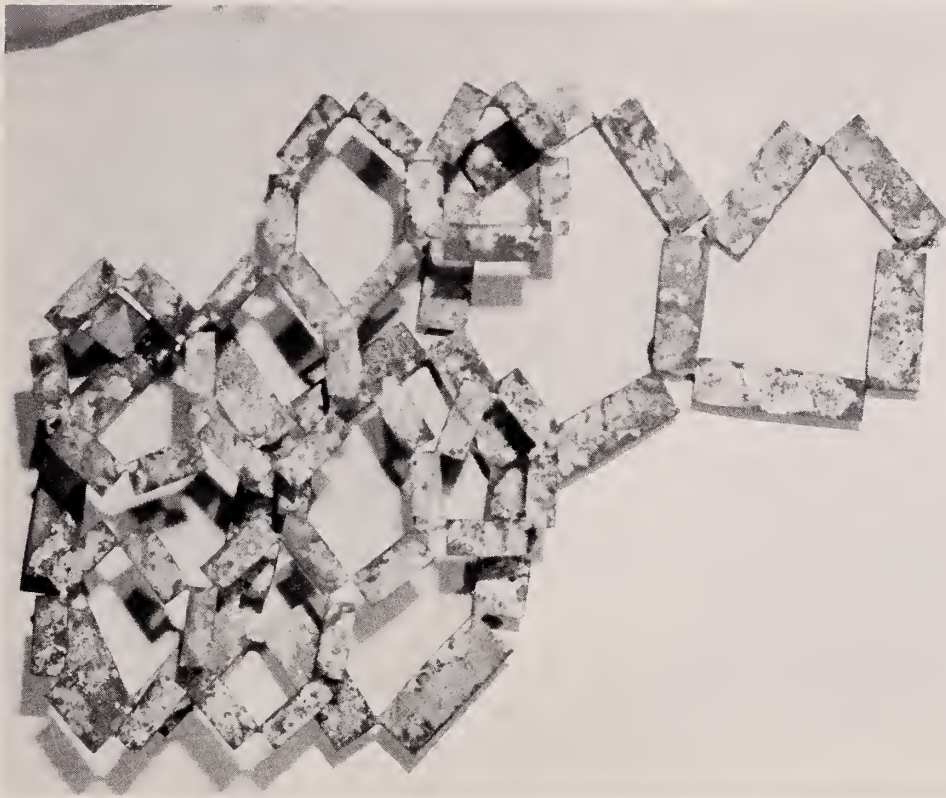
LEONARD J. CIBLEY

clinical instructor in obstetrics
and gynecology

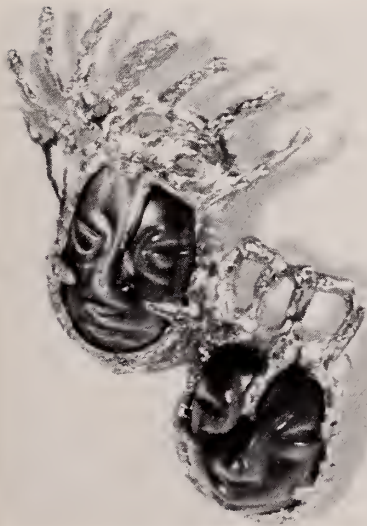
In his metalworking, Leonard Cibley finds an imaginative release from medicine, which he terms "a finicky profession. I'm involved with rules and details all the time. In sculpting I enjoy not following the rules." About ten years ago he began doing lapidary work and making jewelry out of crystals and geodes of all kinds found on frequent cross-country expeditions. Since the finished gem stones needed settings, he cast his own using gold and silver alloys; metal sculpting was not far removed. With an acetylene torch, oxygen, powdered enamel, handcrafted nails, copper, and brazing rods, he creates mostly whimsical pieces. Dr. Cibley's first love was photography, which he took up almost fifty years ago. After medical school, he found medical photography especially

satisfying, and still does. In the last few years he has been more preoccupied with making professional films for physicians, and now heads his own production company. This spring on public television's *Nova*, a show entitled "Laser Horizons" will feature an interview with Dr. Cibley and some footage of his film on the use of laser beam surgery in gynecology, which he pioneered on the east coast. Dr. Cibley is a member of the Biological Photographic Association and the New England Sculptors Association. He has exhibited at the Newton Free Library and Waltham Hospital, and won first prize for "Ferharmonic Symphony" at the 1976 Beth Israel Arts and Crafts Show.

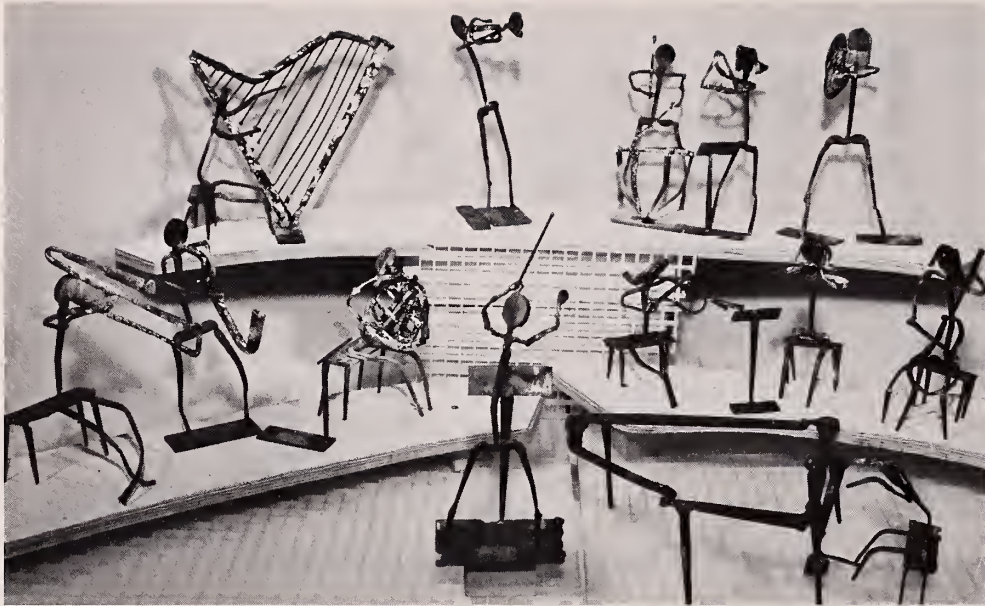




The Pill



*"I like to try to imagine how
a primitive craftsman from Peru,
for instance, would have made an object.
I tend to emulate very early art forms —
Egyptian and pre-Columbian are two —
that express freshness and simplicity."*



Ferharmonic Symphony

*"Motion can be captured in just a very few lines.
I try to convey a feeling of strength
as in the conductor, whose muscles are tense and poised,
trying to get more out of the orchestra.
The other players are all in motion.
With metal, you can make it flow."*



MARK D. ALTSCHULE

visiting professor of medicine

"I'm no Michelangelo." To his knowledge, Mark Altschule ('32) is the sole practitioner of his idiosyncratic art form. Poking around his farm in Vermont some ten years ago, Dr. Altschule came across remnants of the horse and buggy era — stirrups, bits, and harness rings — as well as commonplace wooden articles that were used years ago. He found these objects asking to be "sculpted" and suggesting their own abstract forms and waggish titles. He views himself only as the humble conduit. Never one to miss the opportunity for a pun, he calls these pieces "stables" and says, "maybe I'll show them at the Kentucky Derby." If he is parodying the profound meanings that many people seek from works of art, his interpretations, he asserts, are no less creative. "There has been some offers to buy, but I haven't sold any. I like to maintain my amateur status."

He has been sculpting for sixty-eight years, always with the same irreverence that earlier serious study failed to erase. His was a family of considerable artistic talent — his sister is a professional painter — and as a teenager, art almost stole him away from medicine. During his first year of medical school he took art courses at the Copley Society five nights a week. He taught art from 1925-28 at a settlement house in the lower east side of New York City. For the past eight years he has been the honorary curator of prints and photographic collections at the Countway. "I have a theory about work," volunteers Dr. Altschule. "I never do anything for more than forty minutes at a time. This requires that I have a great number of things to do."





Self-portrait at the age of ninety (1927)

*"The greatest wood sculptors ever
were the African natives
a couple of hundred years ago.
I clearly borrowed from them
although I could never approach their genius."*



St. Peter Celestine (1950)



*"I work with junk found around the barnyard.
I make it a point of not changing anything.
There's a certain amount of trial and error
in putting them together.
The immediate perception of what they
can be is most important.
You could call it art trouvé —
if it's art. It certainly is trouvé."*

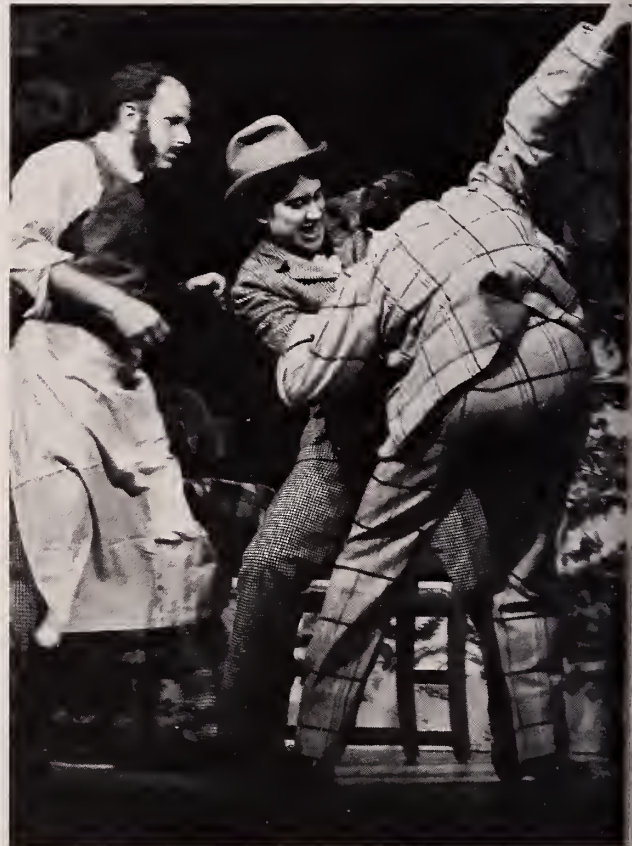


Cotillion

HERMAN GOSLYN

associate in physiology

Herman Goslyn is hard pressed to give a chronological order to what he has done in his life, but he has gone the gamut — from theater photographer to physiology technician, from filmmaker to pilot. Mr. Goslyn caught the photography bug when Life Magazine introduced the concept of candid photography around 1933. Ever since he bought his first camera for \$15, he has had a passion for acquiring cameras that others throw out — he prides himself on each new flea market bargain, as much as on having the requisite equipment of the serious photographer. His experiences in the theater from 1960 to 1967 gave him the best possible training for photography, although he adds, "I like it too much to become a professional." Altogether he recorded close to fifty productions of the Provincetown Playhouse, the MIT Community Players, Radcliffe, and the People's Theater in Cambridge. "Once you get hooked on photography you've got chemistry, composition, art, and the interpretation of poetic feelings. You've got the whole bloody bit in photography. I've got appreciation more than anything else. You can't wait for inspiration. I sweat and strain to make a good picture." Now working with Dr. A. Clifford Barger of the physiology department, Mr. Goslyn is involved in producing teaching films for medical students. He is also working on an historical film about the Provincetown Playhouse.



"Ten Nights in a Barroom," MIT Community Players (1961)

*"All of my theater work
was taken during rehearsal;
none of it posed.
The composition will appear
for maybe a tenth of a second
and you have to hit it
just at the right time."*



"The Rehearsal," MIT Community Players (1967)



Stokers in "The Hairy Ape," MIT Community Players (1962)

*"I had my eye on this
when they were
building the Countway.
It took me three weeks
to run the tests,
put people in different places,
decide on the composition.
That's Dean Berry,
the father of the Countway.
What I'm saying is
what the ancient Greeks said,
'Little is man, but great
are his works.' "*



*Cover of the Summer, 1965 Harvard Medical Alumni Bulletin,
which was selected as one of the best photographs of that year by
the American Alumni Council.*



**ALBERT R.
FREDERICK, JR.**

clinical instructor in ophthalmology

If technique is the backbone of photography, its lifeblood is the ability to see creatively. An exponent of this philosophy, Albert Frederick ('61) has cultivated a sensitivity to "things that have an elusive, mysterious quality and that are removed from the realm of purely documentary photography." He began taking pictures for high school publications, and while at medical school he crossed paths with some of Minor White's students in the department of creative photography at MIT. Dr. Frederick is the only nonprofessional among a group of those graduates that still gathers informally to discuss their work. As a photographer, he strives to explore the essence of each particular form, but at the same time to create pictures that can "hold up under repeated seeing, in terms of graphic quality and

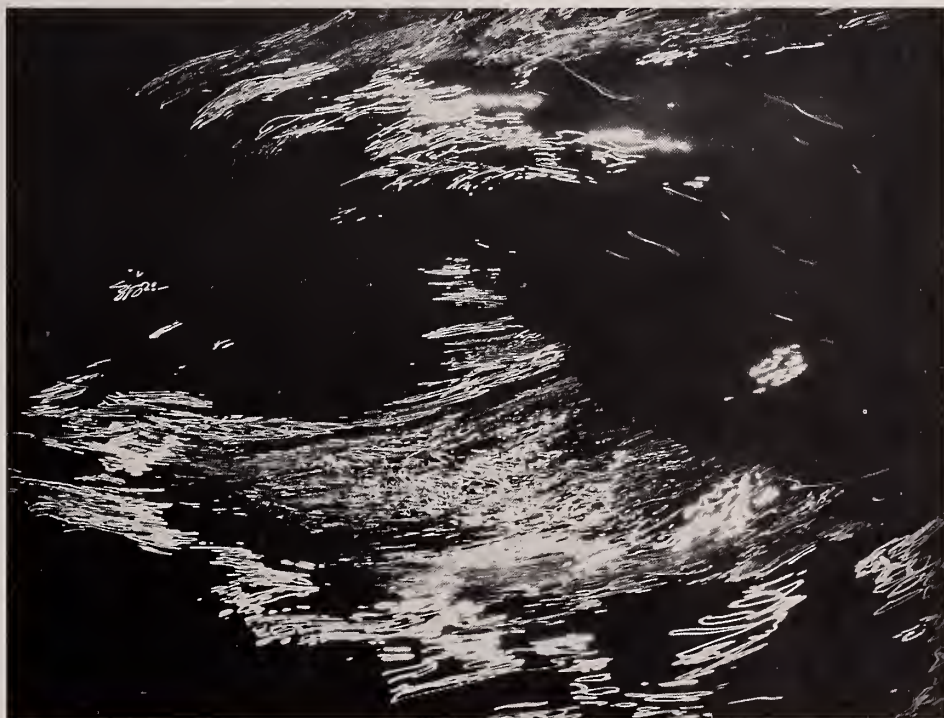
design, independent of the reality of the objects."

Asked about his cameras, he protests: "This preoccupation with equipment is like watching Arnie Palmer tee off and asking, 'What kind of ball was that?' " Not surprisingly, he is not among those who shoot rolls and rolls of film, trying to find a few good pictures afterwards. "Would you do a hundred operations and hope that some of them come out all right?" With experience, he says, the photographer should be less a "victim of chance." Dr. Frederick has exhibited at the Vault of the Boston Safe Deposit and Trust Company, the Countway, the MGH, the Massachusetts Eye and Ear Infirmary, and the Concord Art Association.





*"The photographer
Edward Weston said
there is no form or pattern
the artist can devise
that hasn't already
been conceived
by nature."*





*"Certain subjects are boring
— trees, rocks, sunsets —
but somehow they're not boring.
It's like playing a Mozart quartet —
how many people have played it before?
Yet there's always a challenge,
always an opportunity to do it
differently, or maybe better."*



NATHAN B. TALBOT

Charles Wilder Professor
of Pediatrics, Emeritus

Nathan Talbot ('36) began taking pictures about a decade ago while exploring the coast of Maine, and has honed his skill solely through practice. "I go a long time between pictures," he says. "I just wait until I find something with that certain quality that captivates me and that I think will captivate others." His instinct for rich, subtle color has led him to enlist the aid of a local master of the craft of dye transfer printing, Allan Roopenin. In a painstaking eighteen step process, each scene's delicate tonal gradations are reproduced with carefully controlled dyes. Dr. Talbot has exhibited widely in Boston area galleries, including Nielsen's and Carl Siembab's, and Munsen's on Cape Cod; some of his prints are in the collections of the Fogg and the Worcester Art Museum.





*"I wouldn't do photography
if I didn't feel that it could
stand on its own
in the world of art."*

**DON W.
FAWCETT**

Hersey Professor of Anatomy

In spite of winning a \$15 photographic prize from the *Boston Globe* at the age of sixteen, Don Fawcett ('42) went on to major in zoology at college, becoming a physician and morphologist rather than a photographer. Yet almost two decades after he had won that prize, photography — of a new and exciting kind — was at the center of his scientific work. Beginning about 1950, the electron microscope was focused on the biological realm. "It was a thrilling period to be a morphologist," Dr. Fawcett recalls. "In the early days, sitting in the dark and seeing on the screen images of the precision and order of nature was the nearest thing to a religious experience that an agnostic can have."



Crested cranes, Amboseli Reserve, Kenya

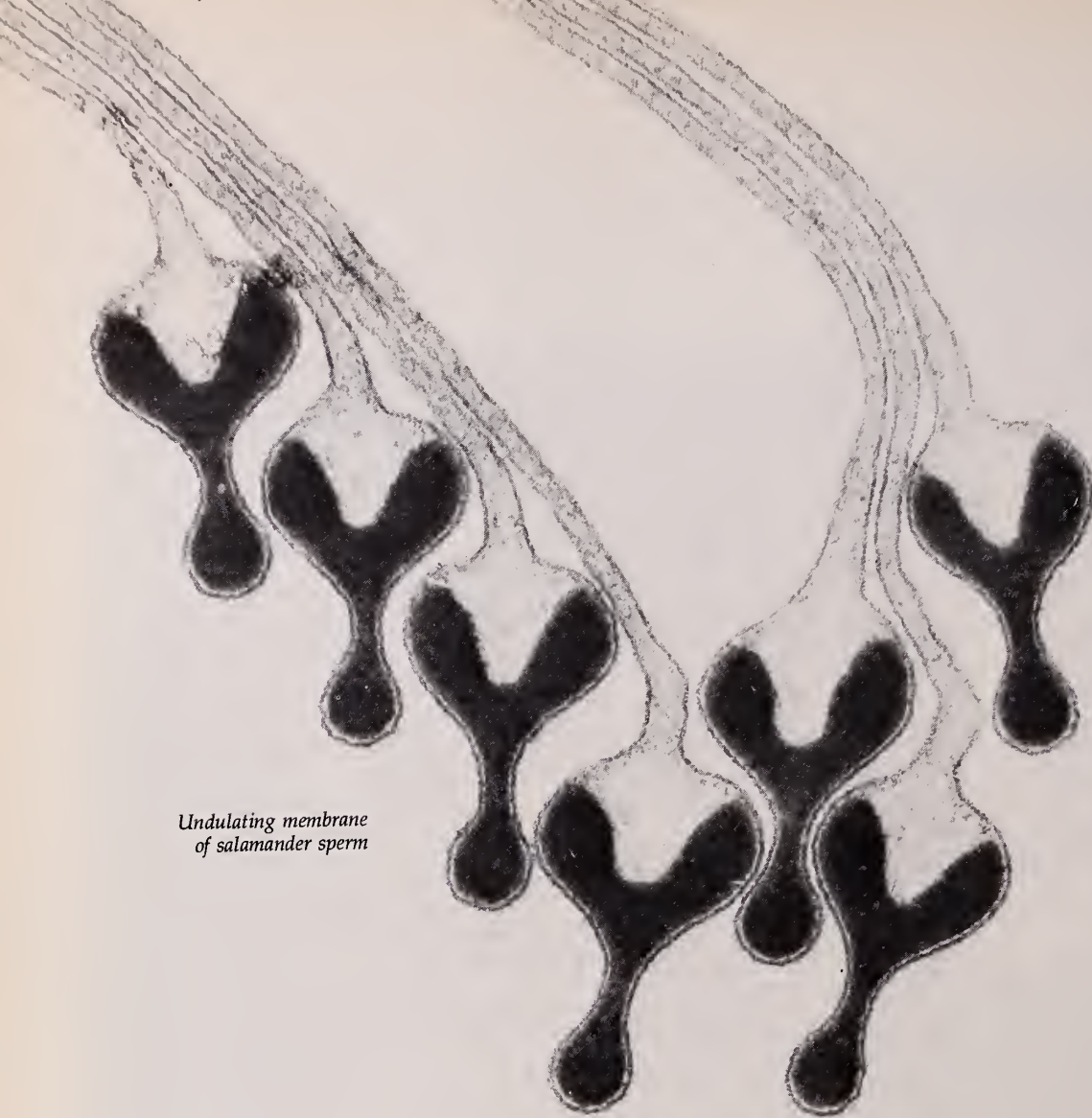
Rainbow lorikeets, Queensland, Australia



He became convinced that there is a correlation between the beauty of the photograph and the accuracy of the data obtained from it. "I've been criticized by some of the more qualitative scientists because they say, I'm only interested in pretty pictures — but I think pretty pictures are closer to nature." He is not, however, among those who find a resemblance to the microscopic world in some works of contemporary nonobjective art — he finds them chaotic in comparison to the works of nature. In recent years, Dr. Fawcett has sought solitude and a closeness to nature in his many trips to Africa; there he finds a wealth of photographic subjects for which no microscope is needed.



Cape buffalo with cattle egrets, Uganda



*Undulating membrane
of salamander sperm*

*"My philosophy is summed up
by the Russian microbiologist Roman Vishniac:
he said everything that is made by man
looks terrible under magnification —
but all of nature is exquisitely beautiful,
and the more highly magnified,
the more order and beauty there is to be seen."*



Capillary bed of elasmobranch shark



Grevy zebras, Maralal, Northern Kenya



*"I have tended to do
portraits of animals,
rather than pictures
of animals in motion."*

Grant's gazelle, Nairobi National Park



Black rhinoceros and baby, Amboseli Reserve, Kenya



Samburu herdsman with cows and goats, Northern Kenya

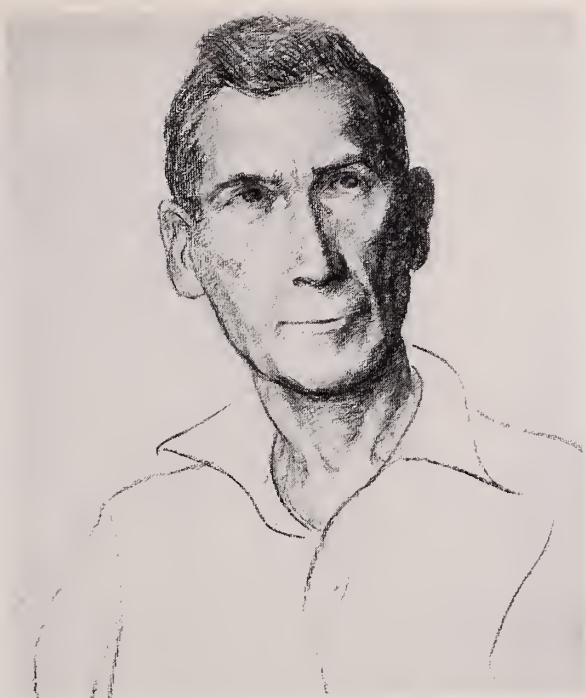
Drawing

SOMERS H. STURGIS

professor of gynecology at the
Peter Bent Brigham Hospital, emeritus

Summer has been a time for art for Somers Sturgis ('31) ever since college. During the same years that he was learning anatomy at Harvard, he studied figure drawing at the Art Students' League in New York and portrait painting at the Museum School in Boston, and explored sketching in oils with a palette knife in Provincetown. During World War II he had a unique opportunity to try his hand at watercolor. "Our boat was in a collision and we were stranded in Bermuda for two weeks, so I got hold of a child's paint set and started in." In recent years he often takes pens and paints to the seashore of Manchester, Massachusetts in the summer. Dr. Sturgis sees his artwork as simply a pleasurable and rewarding pastime — and one he finds particularly suitable for a physician. His style is realistic — "I guess that goes along with scientific training — to try to draw things as they are."





*"I believe in careful observation.
I'm not too fond of people
who distort the image."*



Woodcarving

WILLIAM W. MONTGOMERY

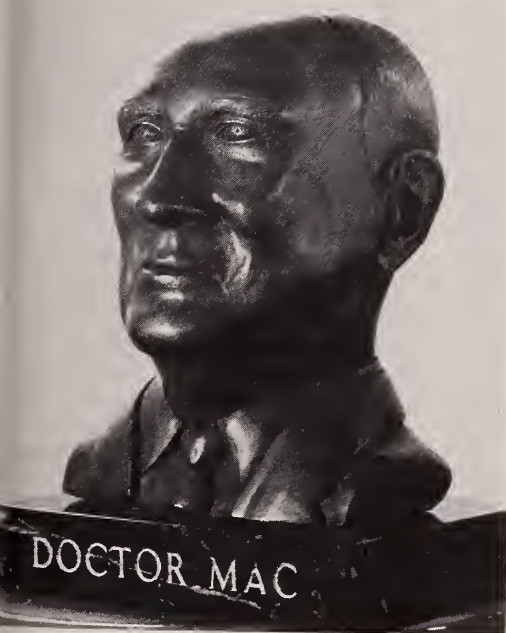
professor of otolaryngology at the
Massachusetts Eye and Ear Infirmary

On William Montgomery's tenth birthday, an aunt presented him with a jackknife and a piece of wood — "a red cedar shingle; I can still see it. She asked if I could carve a Scottie dog." The challenge worked — he has never stopped carving since. Growing up in Vermont, he soon learned to cut wood and prepare it for carving. "It's a long, careful process. The wood must be cherished while it is aging and drying — a year or more." The abundance of Vermont marble and marble sculpture induced him to try that medium for a while, but he preferred the more yielding texture of wood. These days, weekends find him still woodcarving in the Vermont hills, at the home he designed and built not far from where he grew up.

Dr. Montgomery's work is of two main types: freestanding and relief. "I find what I call the two dimensional carvings more challenging — I must create the impression of three dimensions." Two major pieces a year are his usual output. He has never taken lessons, but in his travels has observed expert carvers in Japan, Finland and Switzerland. While he values his avocation as an "absolutely absorbing" diversion from the week's professional concerns, Dr. Montgomery feels that his work in the operating room has improved his work in the woodshed, and vice versa. He has even discovered that surgical blades make excellent carving tools.



*"Surgery is really a craft,
a manual skill,
and so is sculpting in wood."*



One of Dr. Montgomery's most beloved teachers was Dr. Alexander Macmillan, Sr. (1894-1970), chief of radiology at the Massachusetts Eye and Ear Infirmary for forty years. Unlike Dr. Montgomery's other work, this head was modeled in clay and then cast in bronze.





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